

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

011304

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>	Attorney Docket No.	3506.1001-002
	First Named Inventor or Application Identifier	Steven B. Landau
	Express Mail Label No.	EV 214947608 US

Title of Invention	METHOD OF TREATING NAUSEA, VOMITING, RETCHING OR ANY COMBINATION THEREOF
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification Total Pages [65] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets [3] <input type="checkbox"/> Fig. of the Drawings for Publication <input type="checkbox"/> <input checked="" type="checkbox"/> No Figure to be Published 4. <input type="checkbox"/> Oath or Declaration Total Pages [] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form b. <input type="checkbox"/> Paper Copy (identical to computer copy) [] Pages c. <input type="checkbox"/> Statements verifying identity of above copies <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - Dynogen Pharmaceuticals, Inc. Boston, Massachusetts 8. <input type="checkbox"/> Power of Attorney <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement 9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations Statement (IDS)/PTO-1449 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard 13. <input type="checkbox"/> Small Entity Statement(s) 14a. <input type="checkbox"/> Foreign Priority Claim under 35 U.S.C. §119 or 365 14b. <input type="checkbox"/> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i> 16. <input type="checkbox"/> Other _____ _____ _____ </div>
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17. If a CONTINUING APPLICATION , check appropriate box; supply the requisite information. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner: Group Art Unit:	
The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference. <i>(Add standard Related Applications section with incorporation by reference to specification or update same)</i>	

18. CORRESPONDENCE ADDRESS					
NAME	Customer No. 021005				
	HAMILTON, BROOK, SMITH & REYNOLDS, P.C.				
ADDRESS	530 Virginia Road, P.O. Box 9133				
CITY	Concord	STATE	MA	ZIP CODE	01742-9133
COUNTRY	USA	TELEPHONE	(978) 341-0036	FAX	(978) 341-0136

Signature	<i>Susan M. Abelleira</i>	Date	<i>January 13, 2004</i>
Submitted by Typed or Printed Name	Susan M. Abelleira	Reg. Number	42,252

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